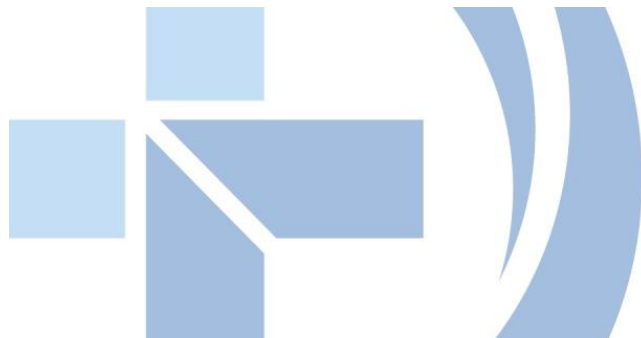


Rural Hospital Stabilization Grant 19035G

Progress Update

Angela Ammons, BSN RN
CEO



Overview

- 25 bed Critical Access Hospital
- Homerville, GA
- Services:
 - Cardiology
 - Dietary
 - Emergency Department
 - Emergency Medical Services
 - Gastroenterology
 - Health Information Systems
 - Laboratory
 - Nursing
 - Physical Therapy
 - Radiology
 - Respiratory Therapy
 - Medical Stabilization
 - Swing Bed Services



County Level Data

- 809.4 square miles
- Population: 6,727
- Median Household Income: \$21,838 (2017)
- 26% Poverty Level with 36% being children
- Poor or Fair Health: 21%
- Low Birthweight: 13.1%
- Obese: 33%
- Primary Care Physicians 6,890:1
- Unemployment: 6.2%
- Sexually Transmitted Infections: 644.1

Challenges

- Lacked a hospital employed provider
- Decreased ER utilization
- Negative Community Perception
- High % of Medicare Revenue
- Community and Hospital was disconnected

Project 1

Integrated Services Through Primary Care



Project 1:

Integrated Services Through Primary Care

- Recruit a Physician
 - J1 Visa Program
- Renovate facility to establish CMFP
 - Beautiful facility to receive treatment
 - Offer Holistic Approach through collaboration
 - Provide the community with a choice
- Purchase Telehealth Equipment
 - Expand access to specialty services

Project 1: Integrated Services Through Primary Care

Clinch Memorial Family Practice :Before





Project 1: Integrated Services Through Primary Care



Clinch Memorial
FAMILY PRACTICE

Working for a Healthier You

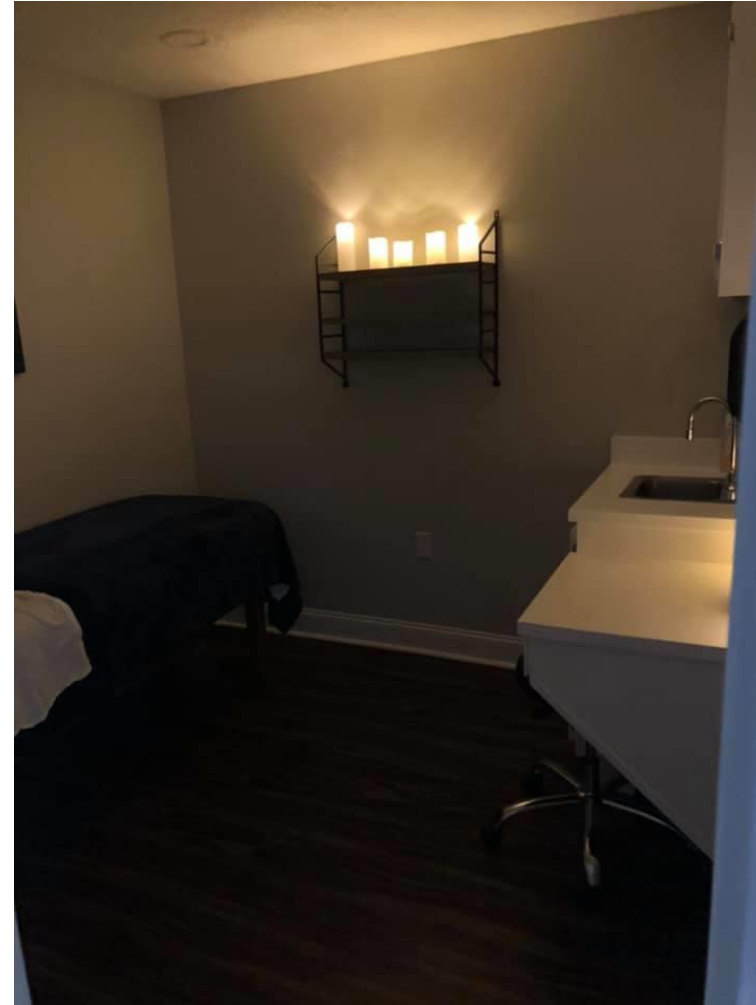
Project 1:

Integrated Services Through Primary Care



Project 1:

Integrated Services Through Primary Care



2 Providers!



Community Involvement



Walking Club



Project 1:

Integrated Services Through Primary Care

- Community Collaboration
- Education re: Healthy Nutrition
- Build a Successful Community
- Ensure that CMH is seen as HUB



Eliminating Food Deserts



Jesus and Jam



Jesus and Jam



Jesus and Jam



Project 1: Community Collaborative Work Force Development

- Grow our own
- Partner with local High School CNA Program
- Assist with training equipment
- Cultivate Relationships





Community Captive



Community Captive

- Reduce Medicare %
- Increase Commercial Revenue
- Develop New Service Lines
- Stimulate local economy

Project 2

Emergency Room Renovation

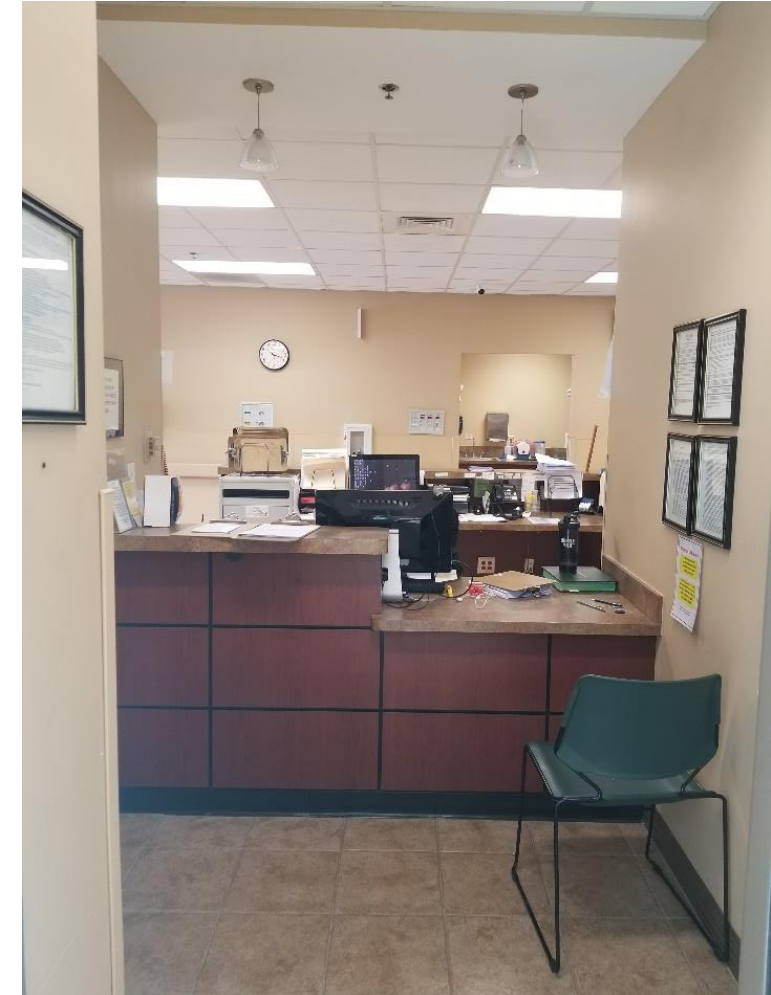


Project 2: Emergency Room Renovation

Project Aim/Significance:

- Increase Community Trust
- Increase ER utilization
- Renovate 1013 room
- Upgrade antiquated equipment
- Improve Patient triage workflow

Project 2: Emergency Room Renovation



Renovated ED



Momentum

- Hospital is thriving
- New projects
- *Going Concern-2017 Authority has suffered recurring losses.*
- *Emphasis of Matter- 2018*
- *2019: Going Concern and Emphasis of Matter have been removed from Draffin and Tucker*



Contact Information

Compliance Officer: Preston King pking@clinchmh.org

CEO: Angela Ammons aammons@clinchmh.org

912-487-5211

\$750,000.00 in funding provided by the Georgia Department of Community Health
State Office of Rural Health - Rural Hospital Stabilization Committee Program
Clinch Memorial Hospital Grant #19035G



Elbert Memorial
HOSPITAL

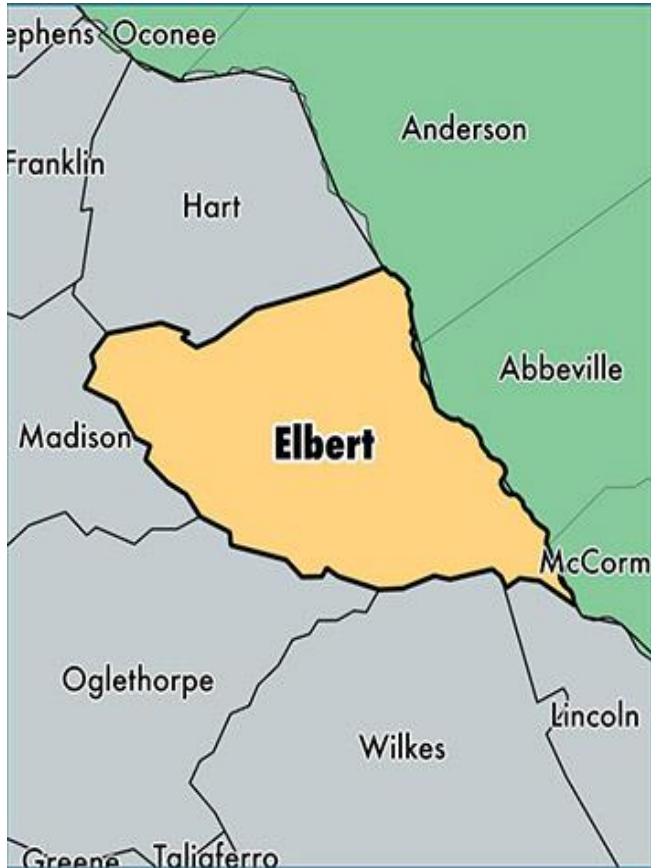
Rural Hospital Stabilization Grant Program Grant # 19036G



**GEORGIA DEPARTMENT
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- 52-bed not-for-profit acute care hospital
- Inpatient/Outpatient services
- Emergency Department
- Intensive Care Unit
- Wellness Center
- Multi-Specialty Practice
- 2 Employed Physicians
- Physical Rehabilitation
- Lab
- Radiology (CT, MRI, 3D Mammo, etc.)
- Surgical Services



Elbert Memorial
HOSPITAL

County Level Data



Elbert Memorial
HOSPITAL

- ▶ Elbert County has 19,109 Residents as of July 2017
- ▶ 963 Total Discharges for FY 2018
- ▶ Readmission rate FY 2018 = 6.85%
- ▶ PCP to Population Ratio 1,940:1
- ▶ Rate of Uninsured FY 2018 = 18%
- ▶ Major Health concerns based on Community Stakeholder surveys
 - ▶ Cancer, Obesity, Diabetes, and Heart Disease
- ▶ Elbert County ranks 139 out of 159 for premature deaths
 - ▶ Most related to cancer and heart disease
- ▶ Community Healthcare Outmigration
 - ▶ 95% of Elbert County leaves the community for Orthopedic services
 - ▶ There was 51% outmigration for outpatient/ambulatory surgery and emergency care in 2018
 - ▶ 1400 fewer annual ED visits from 2013 to 2017
 - ▶ 450 fewer annual hospital admissions from 2013 to 2017



Elbert Memorial
HOSPITAL

Project #1 EMERGENCY DEPARTMENT RENOVATION: Budget \$109,201

- Began 1/28/19
- Completed 2/7/19

Project #2 INCREASE ACCESS TO SPECIALTY CARE: Budget \$389,089

- Began 3/1/19
- Completed 5/30/19

Project #3 RADIOLOGY UPGRADES: Budget \$211,711

- Began 5/13/19
- Completed 6/18/19



Elbert Memorial
HOSPITAL

Aim/Significance:

- *Decrease patient transfers out of Elbert County*
- *Improve financial stability of Hospital*
- *Develop stronger partnerships within the community*
- *Improve Community Perception and Confidence*
- *Decrease hold time and safety for 1013 patients and staff*
- *Expand and enhance local access to specialty service*
- *Keep healthcare services local to our community*



Elbert Memorial
HOSPITAL

Emergency Department Renovations:

- **Several metrics identify the need for Emergency Department renovations.**
 - Decline in ED visits over the past five years from 8,400 visits annually to just 7,000 visits last year.
 - 450 fewer hospital admissions from the ED
 - CY 2017 saw a 32.5% outmigration of Elbert County patients for emergency department services - 37% of these patients were commercial payers.
- **Designing a Safe Room for psychiatric crises**
 - During CY 2017 Elbert Memorial Hospital needed to place 12 patients that were on psychiatric hold. Average daily boarding hours for the year was 10.7 hours. One patient experienced a hold time of 69 hours. A specialized behavioral health area will aid in patient safety and improved patient outcomes.
- **New ED Provider group started March 2019**



Elbert Memorial
HOSPITAL

Increase Access to Specialty Care

- Several metrics identify the need for increased orthopedic services for Elbert County patients.
 - In CY 2016 there was 95% outmigration of Elbert County patients for inpatient Orthopedic service - this increased in CY 2017 to 96%.
 - There was 42% outmigration for outpatient/ambulatory surgery and emergency care in both calendar years 2016 and 2017. In 2018, this rate increased to 51%.
 - As a percentage of ER visits, transfers were 3% in 2011 and are 4.4% in 2017.



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Radiology Upgrades



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- Several metrics identify the need for enhanced radiology services for Elbert County patients.
 - In CY 2016, 41% outmigration of Elbert County patients for CT service - this increased in CY 2017 to 41.5%.
 - Commercial payers CY 2016 and 2017 had a 40% outmigration
 - Medicare payer CY 2016 43% and increased in CY 2017 to 48%
 - Through multiple Stakeholder meetings, feedback from referring physicians, we identified the need for additional CT capabilities, new Radiologists and a new PACS system.

PROJECT #1: EMERGENCY ROOM RENOVATIONS

What was done:

- New Paint
- New Floors
- New Furniture
- Addition of 1013 Room
- New ER Providers



Outcomes:

FY 2018	FY 2019	Annualized 2020
7262	8148	8400
Highest Since 2013	12.2 % Increase	3% Increase

PROJECT #2 INCREASE ACCESS TO SPECIALTY CARE



What was done:

- Complete remodel of donated 6,500 square foot Medical Office Building
- Improved IT capabilities
- Purchased New Floor mounted Radiography System
- Added Full-Time Physical Therapy staff and New PT Equipment

Outcomes:

PHYSICAL THERAPY

FY 2018	FY 2019	Annualized 2020
2118	2196	2971
	3.6% Increase	35.3% Increase

Project #2 Increase Access to Specialty Care

Outcomes:

- Remodeled Physician Office
 - **Lake Russell Specialty**
 - Gynecology
 - General Surgery
 - **Athens Orthopedic**
 - Hip and Knee Replacement at EMH
 - **Telemedicine Clinic (TBD)**

- Additional Physician Office
 - **Piedmont Cardiology**
 - New Nuclear Medicine program starting 11/1/19
 - **Kidney Clinics of Athens**
 - Add Dialysis back to the hospital
 - **Georgia Skin Cancer & Aesthetic Dermatology**
 - Increase number of days each month
 - Since Remodel
 - Podiatry
 - Urology

PROJECT #3: Radiology Upgrades



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What was done:

- Purchase new CT - Canon Aquillion Lightning 80 Slice
- New PACS and VNA
- New Radiologists
- New Paint and Flooring

Outcomes:

FY 2018	FY 2019	Annualized 2020
2151	2447	3328
	13.8% Increase	36% Increase

Lessons Learned:



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HOSPITAL

- Positive and Negative Financial Impact with rapid growth
- Facelifts and Cosmetic changes do change perception
- **This doesn't "fix" everything...There is still more to be done to save our hospital!**

It's a New Day at EMH!

Project #1: Emergency Department Renovations



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Project #1



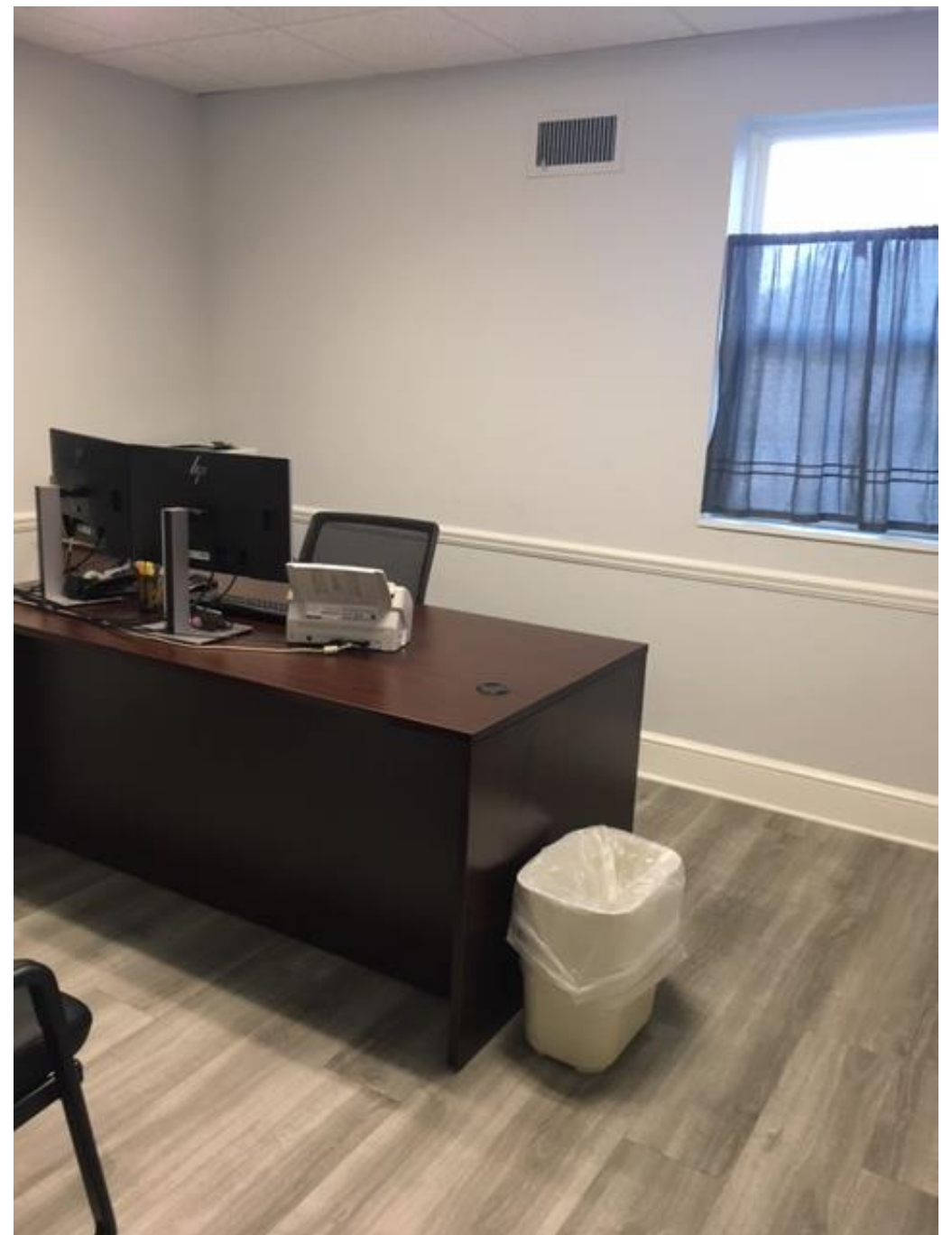
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Project #2: Increase Access to Specialty Care



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Project #2



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Project#2



Project#3: Radiology Upgrades



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HOSPITAL



Contact Information

- ▶ CEO/CFO - Kerry Trapnell - ktrapnell@emhcare.net
- ▶ Project Manager - Dawn Benson - dbenson@emhcare.net



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HOSPITAL

Funding provided by the Georgia Department of Community Health -
State Office of Rural Health - Rural Hospital Stabilization Committee Program
Elbert Memorial Hospital Grant # 19036G



Rural Hospital Stabilization Program: Process Update

Phase 4: Grant #19037G

Presented by: Lisa Ryles, Director Business Development



**GEORGIA DEPARTMENT
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Overview



- ▶ Licensed for 49 beds
- ▶ Currently staff for
 - ▶ 10 Medical/Surgical Beds
 - ▶ 10 Geriatric Behavioral Health Beds
- ▶ Overview of Services
 - ▶ Emergency Department
 - ▶ Laboratory
 - ▶ Imaging
 - ▶ Geriatric Behavioral Health
 - ▶ Cardiopulmonary
 - ▶ Surgical Services
 - ▶ Endoscopy
 - ▶ Physical Therapy

County Level Data

Statistics

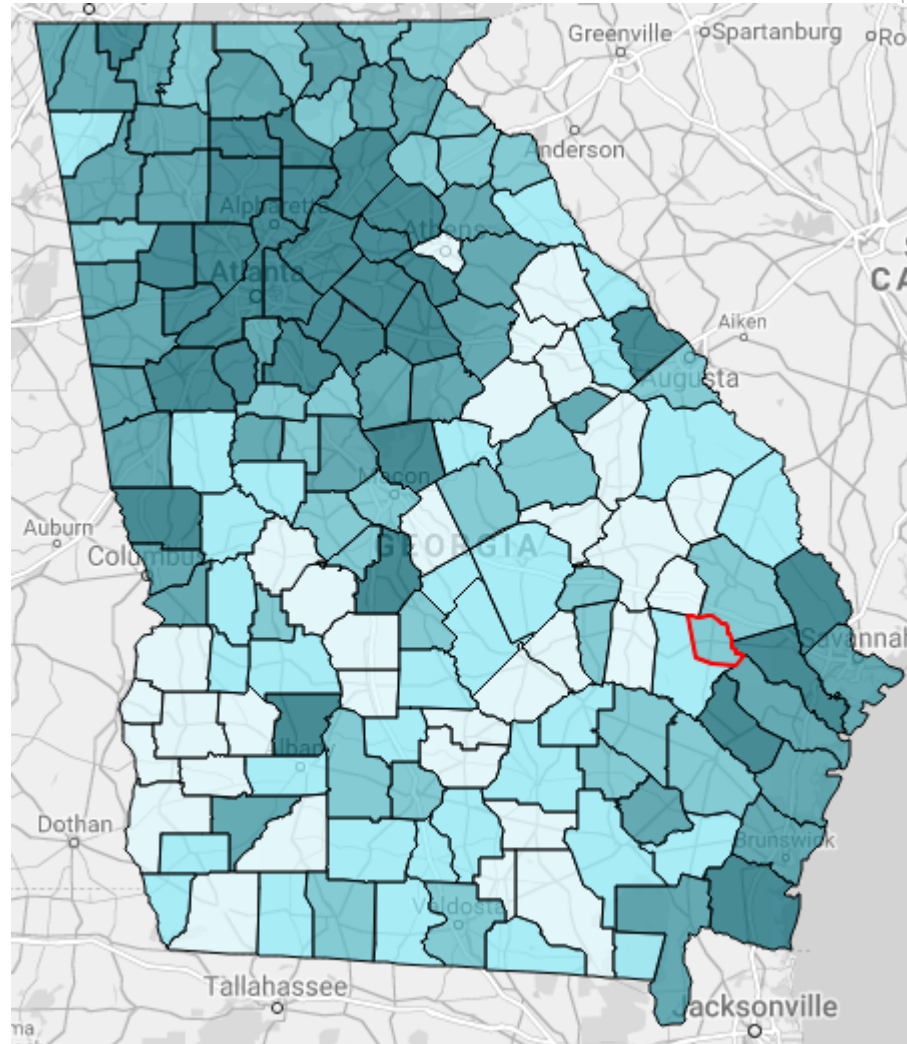
- ▶ County - Evans
- ▶ Population Estimates (7/1/17) - 10,775
- ▶ Persons 65 and older - 15.8%
- ▶ Median Income - \$40,594
- ▶ Persons in Poverty - 24.4%

Education

- ▶ High School Graduate - 77.1%
- ▶ Bachelor's or higher - 15.1%

Health

- ▶ Persons without insurance - 18.1%
- ▶ Person with disability <25 - 10.7%



EVANS MEMORIAL
HOSPITAL



EVANS MEMORIAL
HOSPITAL

Community Stakeholder Team

- ▶ **Mayor Terry Branch**; City of Claxton, Evans Memorial Hospital Board of Directors & Authority Chairperson
- ▶ **Jill Griffin**; Owner, NorthSpring Senior Living, Evans County Board of Commissioners
- ▶ **June DiPolito**; CEO, Pineland BHDD
- ▶ **Patsy Rogers**; Evans Memorial Hospital Foundation
- ▶ **Mark Bird**; Director, Evans County EMS
- ▶ **Tammi Hall**; Executive Director, Claxton-Evans Chamber of Commerce
- ▶ **Katie Griffin**; Executive Director, Economic Development Authority of Claxton & Evans County
- ▶ **Aliyah Allen**; DON, Camellia Health and Rehab
- ▶ **Dr. Kyle Parks**; Surgeon, Evans Memorial Hospital, Evans Memorial Hospital Board & Authority Member
- ▶ **Dr. Marty Waters**; Superintendent, Evans County Board of Education



Technology Upgrade

Budget \$ 523,738



Technology Upgrade

Aim/Significance:

- ▶ *Update aging equipment*
- ▶ *Provide additional procedures/services not currently offered*
- ▶ *Increased efficiency of nursing staff*
- ▶ *Partner with Evans County EMS to provide resuscitation support equipment*



Technology Upgrade Need:

► *Update to 3D Mammography*

- *Competitors offering 3D Mammography*
- *Mammograms decreased by 7.5% since 2017*
- *Market Share - 68% of mammograms performed for patients living in Evans County are provided by EMH (685 total - Evans Memorial 465)*
- *County Health Rankings - Percentage of female Medicare enrollees ages 67-69 that receive mammography screening is 56%*
- *Only 41% of eligible women have had an annual mammogram*
- *3D mammograms allow a more accurate ability to detect and diagnose cancer as compared to traditional [two-dimensional] mammograms*



Technology Upgrade

3D Mammography



EMH Now Offers 3D Mammograms



POSTED BY: NEWSROOM FEBRUARY 27, 2019

Women in Evans and surrounding counties now have access to 3D mammography services at Evans Memorial Hospital.

With the recent purchase of a Selenia Dimensions 3D Mammography System, EMH is keeping care close to home and investing in the health of the communities they serve.

The nearly \$300,000 purchase was made possible by funds awarded in the Rural Hospital Stabilization (RHS) Project Grant from the Georgia Department of Community Health in 2018.



Technology Upgrade Measures:



- ▶ **Mammography**
 - ▶ *Increase in number of eligible women receiving a mammogram*
 - ▶ *CYQ2-CYQ3 - 50 eligible women to have first Mammogram performed at our facility*
 - ▶ *Increased percentage of market share*
 - ▶ *CYQ2 - CYQ3 - 96 patients came to our facility who had previous Mammograms at other facilities*
 - ▶ *CYQ2 - CYQ3 - 8% increase in patients*

Technology Upgrade Need:

► *Upgrade Pharmacy Compounding area*

- *According to updated 797 Guidelines, the pharmacy department does not have a proper ante-room or cleanroom and is currently classified as a segregated compounding area.*
- *Increase premix times to 24 hours - Currently the pharmacy department is allowed to compound sterile IV admixtures that are classified as low-risk for immediate use with a 12 hour Beyond-Use-Date.*
- *Complex IV admixtures involving more than 3 sterile manipulations cannot be compounded at Evans Memorial Hospital or ordered by physicians.*
- *These restrictions create complications for the hospital including increased patient transfers and increased pharmacy after-hours compounding resulting in increased costs.*



Technology Upgrade Pharmacy Clean Room



Technology Upgrade Need:

- ▶ *Update current cardiac monitoring system*
 - ▶ *System is no longer serviceable*
 - ▶ *Update with Telemetry packs so that patient can move about while being monitored*
- ▶ *Tablets*
 - ▶ *Increase nursing efficiency*
 - ▶ *Increase HCAHPS scores*
 - ▶ *Communications about medications - currently 68.9%*
 - ▶ *Discharge information - currently 72.0%*
 - ▶ *Care Transitions - currently 46.7%*



Technology Upgrade Need:

► *Vein Finder Technology*

- Establishing intravenous (IV) access is an essential clinical skill that presents challenges for many medical professionals. With over 330 million peripheral IVs placed each year in the U.S. IV therapy is one of the most prevalent treatments.
- On average, it takes between two to three attempts to establish a patent peripheral IV site¹, and it's been reported that difficult IV access occurs in ED patients 10% to 30% of the time.
- On patients with difficult venous access, finding a vein is challenging for even the most experienced nurse or doctor. Patients who are elderly, obese, dark-skinned, hypovolemic, have a history of IV drug use, or have chronic illness present unique problems to finding an appropriate vein to start an IV.
- In rural hospitals, limited staffing contributes to the need for quick accurate IV initiation

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5345884/>



Technology Upgrade Need:

- ▶ *Lucas Device Technology*
 - ▶ *LUCAS® Chest Compression System provides benefits to cardiac arrest patients by delivering Guidelines-consistent, high-quality chest compressions even under difficult conditions and for extended periods of time. The device allows you and your team to work more efficiently without having to compromise on your own safety.*
 - ▶ *Rural EMS often have limited providers to participate with resuscitation efforts*



EMH Putting \$750,000 Grant To Good Use



POSTED BY: NEWSROOM FEBRUARY 13, 2019

Evans Memorial Hospital was awarded a \$750,000 Rural Hospital Stabilization (RHS) Project Grant from the Georgia Department of Community Health in 2018. EMH is one of four rural hospitals in Georgia to receive the grant.

EMH has utilized part of the grant funds to purchase a LUCUS 3, a mechanical chest compression system. EMH purchased the system for approximately \$15,000 and donated it to Evans County EMS on February 8. Local EMS has two ambulances, with one being present in Evans County at all times.



ED Renovation
Budget \$ 152,292

ED Renovation

Aim/Significance:

- ▶ Improve Public Perception
 - ▶ Increase ED utilization
 - ▶ Improve perception of hospital environment
 - ▶ Improve throughput
- ▶ Safety & Security
 - ▶ Improve security and treatment for Behavioral Health patients

ED Renovation Need:

- ▶ *Increase ED Volume*
 - ▶ *4711 encounters in CY 2017 42% market share*
 - ▶ *5.2% decrease from CY 2016*
 - ▶ *4506 encounters in CY2018 39% market share*
 - ▶ *4.3% decrease from CY2017*
- ▶ *Patients first impression of our facility is typically of the emergency department*
- ▶ *Improve services for Behavioral Health*
 - ▶ *CY 2017 27 patients were admitted to the ED under 1013*
 - ▶ *Average holding time CY 2017 9.7 hours*

ED Renovation

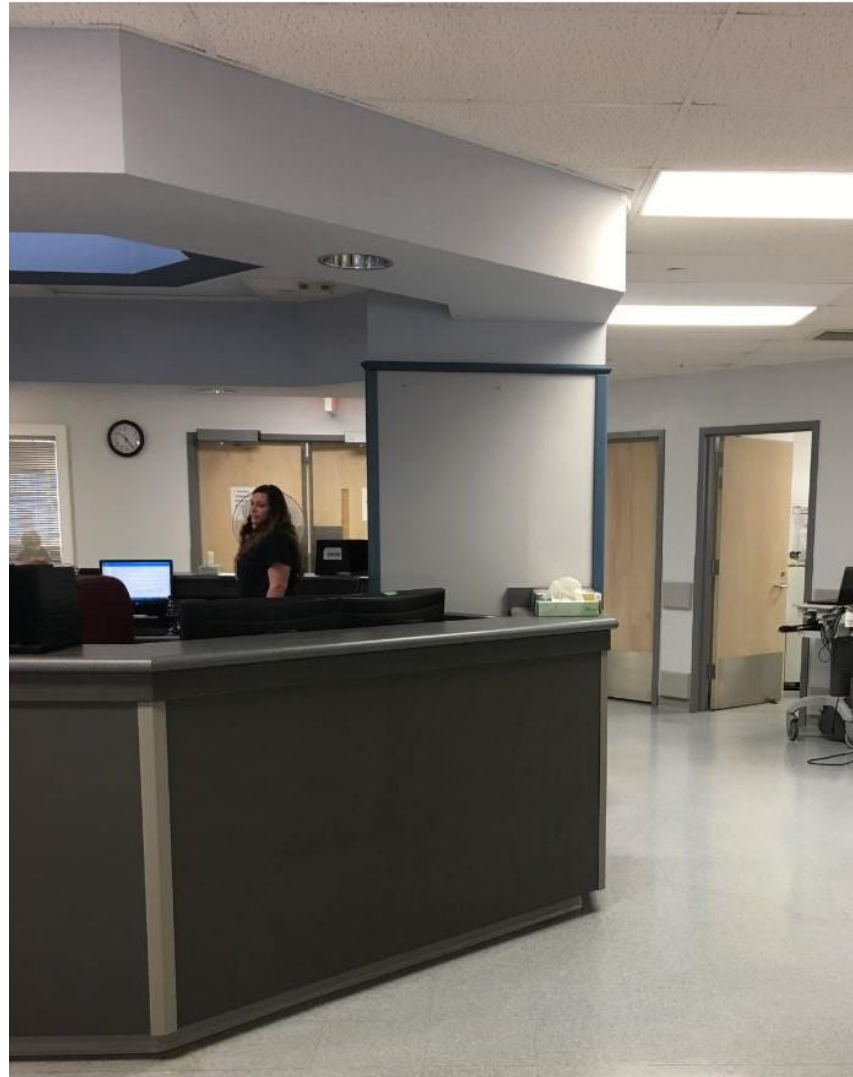
Approach:

- ▶ Remodel an exam room to provide a safe room for behavioral health patients who are awaiting transfer to a Behavioral Health facility
- ▶ Update ED with painting, replacing damaged countertops, damaged stretchers, replacing damaged waiting room furniture and repairing flooring
- ▶ *Spokes: The community stakeholders which will participate or benefit from the project are Hospitals, EMS, Nursing Homes, Mental Health facilities, and physicians.*

ED Renovation - Safe Room



ED Renovation



ED Renovation



ED Renovation



ED Renovation

- ▶ *Increase ED Volume*
 - ▶ *756 encounters in October 2019*
 - ▶ *3% increase from October 2018 (735)*
 - ▶ *October 2019 has been the highest monthly encounters in 2019*
- ▶ *Improve services for Behavioral Health*
 - ▶ *CY 2017 had 27 behavioral health holds in Emergency Department*
 - ▶ *Quarter 2 CY2019 had 14 behavioral health holds in Emergency Department*
 - ▶ *Increase of 107.4% per quarter (These numbers do not include patients admitted to our Geriatric Behavioral Health Unit)*



Enhancement of Behavioral Health Services

Budget \$ 73,970

Enhancement of Behavioral Health Services

Aim/Significance:

- Provide a safe outdoor area for behavioral health patients
- Provide additional activity space
- Provide additional therapy space
- Upgrade unit to take 1013 patients



Enhancement of Behavioral Health Services

Need:



- ▶ Proximity to greenspace has been associated with
 - ▶ Lower levels of stress
 - ▶ Reduced symptomology for depression and anxiety
 - ▶ *“The results showed that, after spending time outside, 79% of the patients felt “more relaxed and calmer”, 25% sensed “refreshed and stronger”, 22% were “able to think and cope” and only 5% did not feel any particular change. Restoration from stress, including an improved mood, was by far the most important category of individual experiences derived by nearly all the users. Accordingly, it may be concluded that people’s judgments and feelings about their environment have a strong impact on healthcare outcomes as well.”* Reference Cooper-Marcus, C., Barnes, M.: Gardens in Healthcare Facilities - Uses, Therapeutic Benefits and Design Recommendations, The Centre for Health Design, Martinez, CA

Enhancement of Behavioral Health Services



Enhancement of Behavioral Health Services

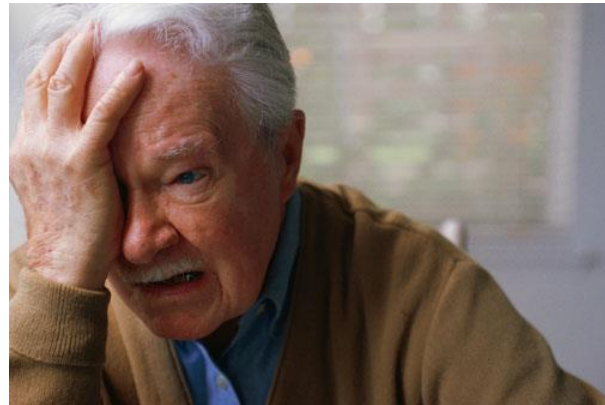


Enhancement of Behavioral Health Services



Since implementation of 1013 unit

- ▶ *September 45% of patients admitted to our unit are 1013 status*
- ▶ *October 58% of patients admitted to our unit are 1013 status*



Lessons Learned

- ▶ Never tell contractors that you have a grant!
- ▶ Cement is very finicky, it needs certain conditions to pour, cure, and be painted.
- ▶ Everything is VERY expensive if it is “ligature resistant”.
- ▶ Anything you put in a hospital automatically costs more.
- ▶ Your money will never go as far as you thought it would on day 1.
- ▶ Nurses can work through anything!



Contact Information

- ▶ Nikki NeSmith, CEO/CNO
- ▶ Lisa Ryles, Director Business Development, Infection Control, Project Manager, EVS Director

Funding provided by the Georgia Department of Community Health
State Office of Rural Health - Rural Hospital Stabilization Committee Program
Evans Memorial Hospital Grant #19037G



**GEORGIA DEPARTMENT
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Burke Medical Center

Rural Hospital Stabilization Program

Phase 4

Overview

Burke Medical Center is a 40 Bed Acute Care facility located in Waynesboro, Georgia. The facility opened in 1951 and currently provides General Medical Care and Emergency Medical Services.

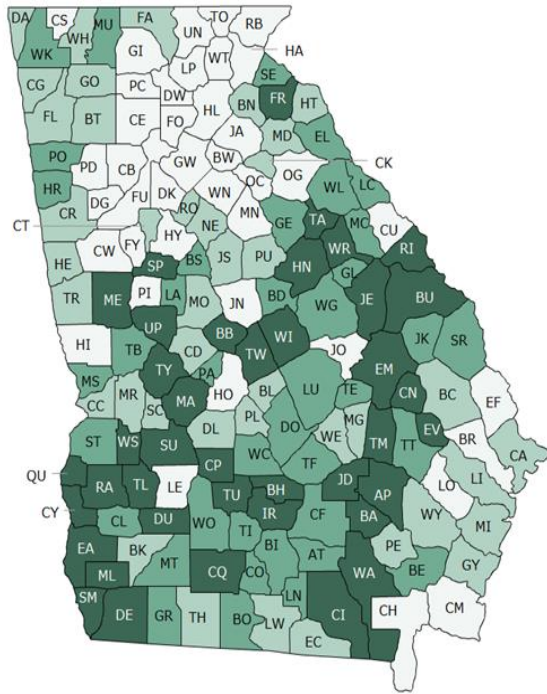
Other ancillary/specialty services include:

- * Cardiopulmonary
- *Radiology (Mammography, CT & MRI)
- *Rehabilitation Services (PT/OT/Speech)
- *Swing Bed
- *Laboratory Services
- *Gastroenterology
- *Orthopedics
- *Cardiology
- *General Surgery

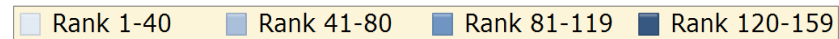
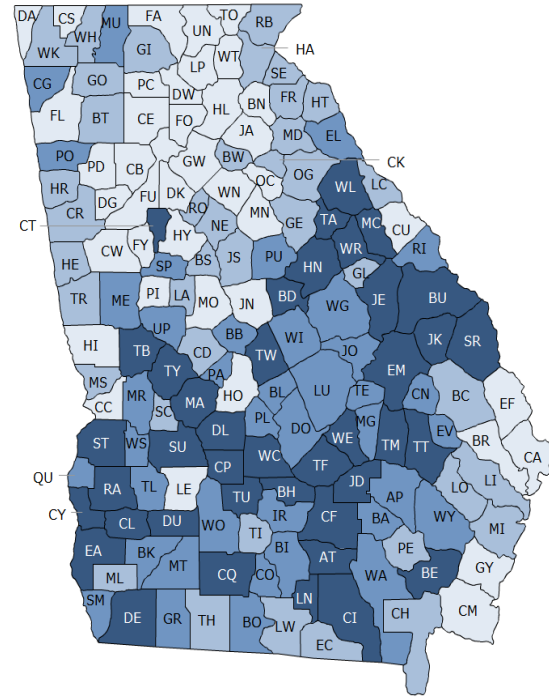


Burke County Health Rankings

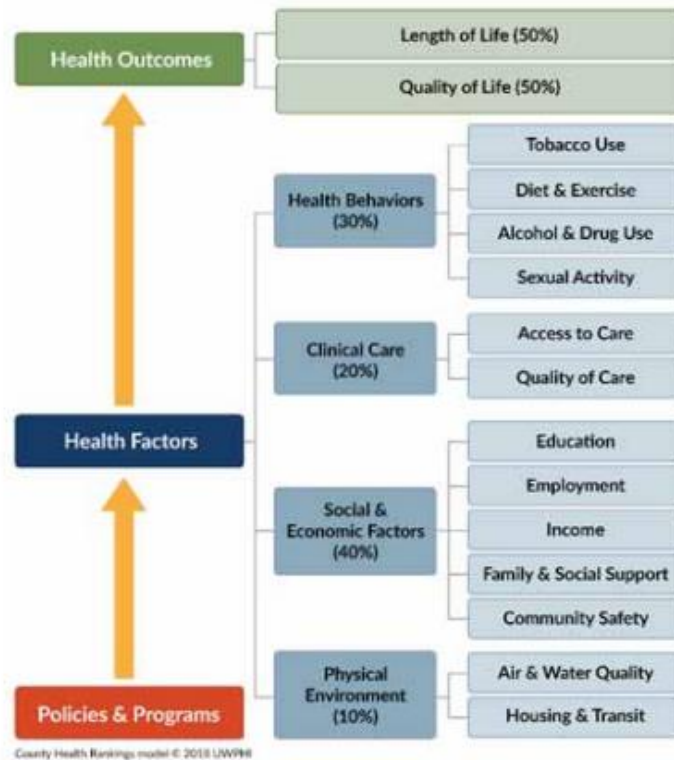
Health Outcomes #136



Health Factors #142



Burke County Rankings



Health Behaviors ranked 133 out of 159 counties

Clinical Care ranked 88 out of 159 counties

Social/Economic Factors ranked 139 out of 159 counties

Physical Environment ranked 131 out of 159 counties

Community Stakeholder Team

City of Waynesboro

Burke County Board of Education

Chamber of Commerce

Waynesboro Police

Augusta Technical College

University of GA Extension Services

Community In Schools Program

Enterprise Community Healthy Start

Right Start Medicaid Program

Center for New Beginnings

A Child's World Daycare

Burke County Emergency Management Association

Doctors Hospital
Hospice

Trinity Hospice

Regency Hospice

Home Health

University Home Health

Faith Based Leaders

Philip Grove Baptist

Waynesboro Deliverance

Evangelistic Church

Wimberly House Ministries

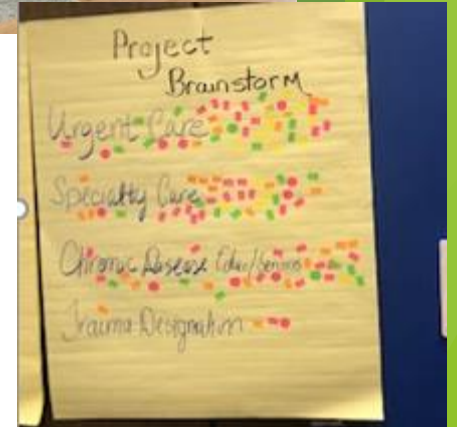
Community Service Board of
Middle GA

Dr Franklin - Dentistry

Medical Specialist Inc

Wholistic Counseling Services,
LLC

CSRA EOA & CSRA Headstart



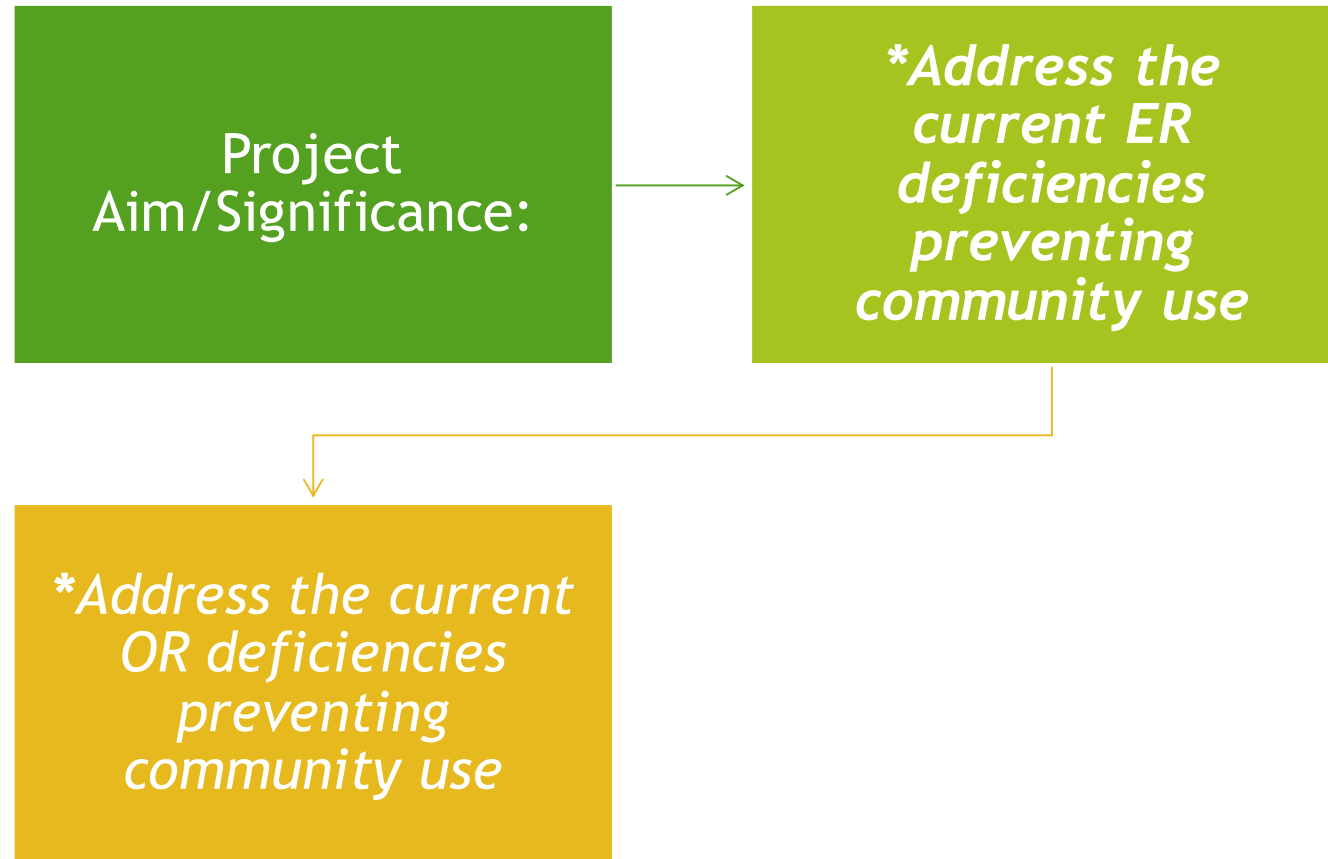
Grant Process & Challenges

- ▶ BMC started the grant process on the same timeline as other Phase 4 grantees
- ▶ In June 2019 BMC Board voted to change CEO's after concerns arose about the direction and communication of operations and the grant
- ▶ In July 2019 new CEO started and working with the DCH SORH determined the communication to Board, SORH, stakeholders and staff and the projects chosen needed to be reevaluated
- ▶ After review it was determined certain facts about the intended use, purpose and risk were not fully communicated to all participants
- ▶ BMC determined the original projects chosen posed a financial risk to the hospital not intended by the purpose of the grant and working with SORH asked to repurpose the funds in line with the intent of the grant

Project 1:ED and OR Renovation

▶ \$TBD

Project 1: Ed and OR Renovation



ER and OR Renovation

* Project Significance

Need: Limited access by community utilize current ER with plant age and privacy concerns

- ❖ *BMC current ER community concerns with age of plant equipment*
- ❖ *Health Provider Shortage Area Designation Low Income-BMC ER is the safety net*
- ❖ *Medically Underserved Area - No current urgent or after hour care*

Need: Limited use of Burke Medical Center by Commercially insured

- ❖ *In CY 2017 there were 3,462 inpatient/outpatient encounters for residents of Waynesboro, GA - 55% used services other than BMC*
- ❖ *OR volume has dropped drastically due to inability to recruit surgeon. Plant limitations such as poor lighting, failing aged equipment, instruments, etc prohibit recruitment to establish revenue through OR procedures. Current OR last updated 1986*

Increase Access to ER and OR Approach:



**To renovate current ER to modernize plant, equipment and eliminate privacy concerns*



Renovation will allow BMC to partner with Urgent Care Services to reduce unnecessary ER utilization and provide proper setting after hour care to community



Update aged equipment and total ER experience



To renovate current OR to modernize plant and equipment in use since 1986

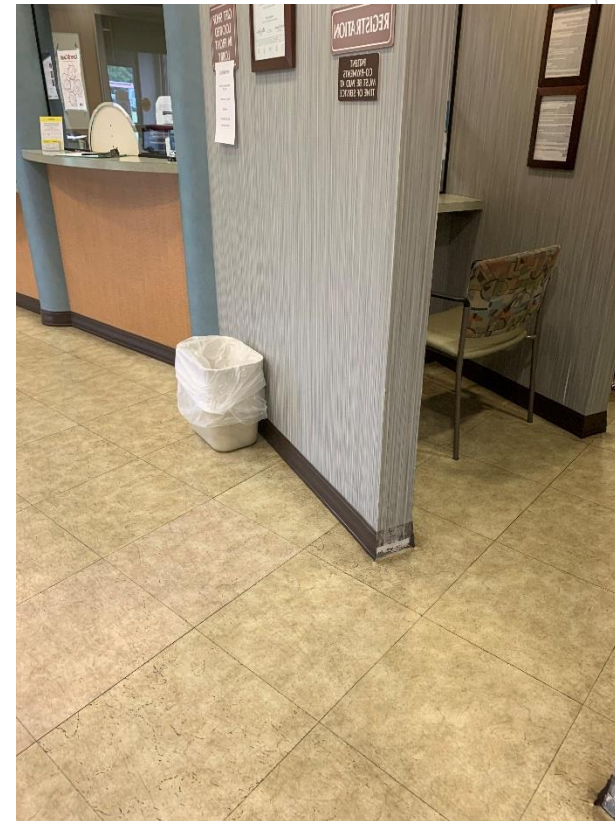


Current OR issues hinder recruitment of surgeon. Lights in use since 1986, all scopes down, gas machine down and steris out of service tag.



All current cases go to Augusta area hospitals where OR capacity is full

Current ER



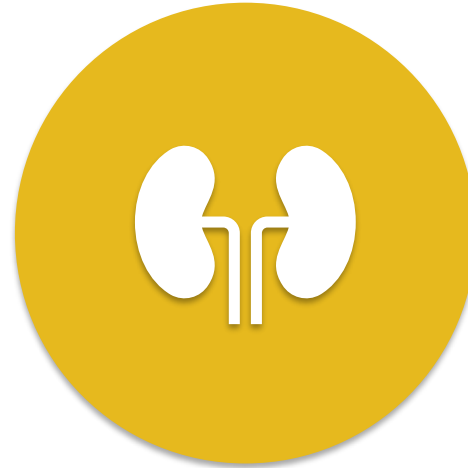
Current OR



ER and OR Renovation Measures:



** ED*



**OR CASES*

Project 2: Clinic Renovation

\$TBD

Project 2: Clinic Renovation



Project Aim/Significance:



Renovate current RHC



Renovate Therapy clinic in use since 1976



Renovate aged clinic for future FQ and
Specialty clinic

Clinic Renovation Approach:

**Current RHC is located on campus. Facility is aged and needs renovation to make more attractive in Primary Care MD recruitment efforts. Local MD willing to merge and join hospital upon completion. BMC currently employs 0 MD's*

**Current Therapy Clinic is housed in building on campus that was built in 1976. Turn patients away due to building and plant issues. Local full therapy staff PT/OT/ST community loves*

**Clinic after renovation will have ability bring a FQ to community to expand Primary Care and Specialty Care*

Current Clinics



Clinic Renovation Measures

Clinic



Therapy

Project 3: Network Development

- ▶ \$TBD

Project : Network Development



Project Aim/Significance:



Liaison with EMS to reduce outmigration to Augusta area hospitals



Liaison with area hospitals for swing bed development



Educate Community on services

Network Development Measures



Contact Information

*CEO - Brandon Hargrove

bhargrove@burkemedical.net

*Project Manager - Kiah Day

kday@burkemedical.net

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